

STATE OF CALIFORNIA
BUSINESS TRANSPORTATION AND HOUSING AGENCY
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
DIVISION OF CODES AND STANDARDS
OCCUPATIONAL LICENSING PROGRAM



OCCUPATIONAL LICENSE APPLICATION FOR
MANUFACTURED HOME/MOBILEHOME/COMMERCIAL MODULAR
MANUFACTURERS, DISTRIBUTORS AND DEALERS

(PART A)

SECTION 1 – PURPOSE AND TYPE (MUST BE COMPLETED)

PURPOSE FOR APPLICATION (check all applicable boxes)

☐ Obtain Original License (Complete Sections 2, 4, 6)

☐ Transfer License to New Location
(Complete Sections 2, 3, 6)
(Return License)

☐ Change of Ownership by: Termination or
Addition of Partners; changes to a Limited
Liability Company; or changes to a corporation
(Complete Sections 2, 4, 5, 6)
(Return License if changing to a LLC or to a
corporation)

☐ Obtain License for Secondary Location(s)
(Complete Sections 2, 4, 6)

☐ Close Location (Complete Sections 2, 3, 6)
(Return License)

TYPE LICENSE (check all applicable boxes)

☐ Manufacturer
☐ Dealer
☐ Distributor

TYPE UNIT SOLD, RENTED OR LEASED (check all applicable boxes)

NEW USED

☐
☐

☐
☐

Manufactured Home/Mobilehome/Multi-Unit Manufactured Housing
Commercial Modular

THIS APPLICATION SHALL BE ACCOMPANIED BY THE APPROPRIATE FEES IN ACCORDANCE WITH THE CALIFORNIA CODE OF REGULATIONS, TITLE 25, CHAPTER 4, SECTION 5040.

SECTION 2 – PLACE OF BUSINESS INFORMATION

PLEASE TYPE OR PRINT

LICENSE NO. (If applicable) _____

PRIMARY LOCATION INFORMATION: _____
Name of individual owner(s), partners, member(s) (LLC), or authorized officer(s) (corporation).

Business Name: _____ TELEPHONE NO.: (_____) _____

Doing Business As (DBA) Name (If Applicable): _____

BUSINESS ADDRESS: _____

MAILING ADDRESS (If Different): _____

SECONDARY BUSINESS LOCATION(S) INFORMATION: List all secondary locations below. Check the appropriate box to indicate whether each location listed is a new or existing location. Submit a separate application form Part C for each new business location listed.

BUSINESS/DBA NAME	STREET ADDRESS AND CITY	TELEPHONE	NEW	EXISTING

☐ CHECK IF ADDITIONAL SHEET(S) ATTACHED TO IDENTIFY MORE LOCATIONS

SECTION 3 – PREVIOUS LOCATIONS

Complete this section to describe location(s) being closed or moved

BUSINESS/DBA NAME	STREET ADDRESS AND CITY	TELEPHONE	EFFECTIVE DATE	CLOSED	MOVED

☐ CHECK IF ADDITIONAL SHEET(S) ATTACHED

SECTION 4 – CURRENT OWNERSHIP STRUCTURE

☐ INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATION ☐ LIMITED LIABILITY COMPANY (LLC)

1. In Column A, indicate with an "X" those persons who will participate in the direction, control and/or management of the manufacturing or sales operations of the business. Persons indicated as participating in the direction, control and/or management of the business are subject to the requirements specified in California Code of Regulations, Title 25, Division 1, Chapter 4, Subchapters 1 and 2, Sections 5020, 5024, 5025, 5302 or 5304, as applicable.
2. List below, as appropriate, the name(s) and title(s) of the Individual Owner, all Partners of the Partnership (designate whether General or Limited), all Corporate Officers, Directors and Controlling Stockholders of the Corporation (include designated Managing Employee, if applicable), or a manager(s) for a LLC.

COLUMN A	LAST	FIRST	MIDDLE	TITLE

☐ CHECK IF ADDITIONAL SHEET(S) ATTACHED

SECTION 5 – STATEMENT OF OWNERSHIP CHANGE**REMOVAL OF PARTNER(S)**

The following person(s) has/have relinquished all ownership and interest in the previously described business as evidenced by the attached Statement(s) of Relinquishment:

LAST	FIRST	MIDDLE	TITLE	EFFECTIVE DATE

ADDITION OF PARTNER(S)

The following new partner(s) (designate whether general or limited) has/have been acquired:

LAST	FIRST	MIDDLE	TITLE	EFFECTIVE DATE

FOR CHANGING INDIVIDUAL OWNERSHIP OR A PARTNERSHIP TO A CORPORATION OR LIMITED LIABILITY COMPANY (LLC)

Ownership was previously held as ☐ INDIVIDUAL ☐ PARTNERSHIP Effective date of incorporation or LLC is _____.

The following is/was the ownership structure prior to incorporation or LLC:

LAST	FIRST	MIDDLE	TITLE

☐ CHECK IF ADDITIONAL SHEET(S) ATTACHED FOR ANY OF THE ABOVE SITUATIONS

SECTION 6 – APPLICANT CERTIFICATION

INSTRUCTIONS: Complete Section I, II, III, or IV below depending on the type of ownership, whether as an Individual, Partnership, Corporation, or LLC.

I. INDIVIDUAL

I certify under penalty of perjury that I am the sole owner of (name of business) _____ and that all answers and information contained within this application, attachments, and items submitted herewith are true and correct.

Signature

Date

II. PARTNERSHIP

We certify under penalty of perjury that we are co-partners in (name of business) _____ and that no other person is associated in the ownership of the business and that all answers and information contained within this application, attachments, and items submitted herewith are true and correct.

Signature

Date

Signature

Date

Signature

Date

Signature

Date

III. CORPORATION

I certify under penalty of perjury that (name of business) _____ is incorporated in the State of _____ and is authorized by the California Secretary of State to transact business in California, and that all answers and information contained within this application, attachments, and items submitted herewith are true and correct.

AFFIX CORPORATE SEAL HERE

Signature of Corporate Officer Authorized to Sign for Corporation

Title

Date

IV. LIMITED LIABILITY COMPANY (LLC)

I/We certify under penalty of perjury that I/we am a/are manager(s) in (name of business) _____ and have filed Articles of Organization pursuant to California Corporations Code section 17050 et seq., in the State of California and am/are authorized by the California Secretary of State to transact business in California, and that all answers and information contained within this application, attachments, and items submitted herewith are true and correct.

Signature

Date

Signature

Date